

UNITED STATES DISTRICT COURT

for the

District of South Carolina

Columbia Division

Karen Moody

Case No. _____

(to be filled in by the Clerk's Office)

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

Jury Trial: (check one) ☒ Yes ☐ No

Wellpath Recovery Solutions, LLC

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Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

COMPLAINT FOR EMPLOYMENT DISCRIMINATION

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	Karen Moody
Street Address	112 Oswald Farm Lane
City and County	St. Matthews - Calhoun County
State and Zip Code	SC 29135
Telephone Number	8036383265
E-mail Address	SaraMyBellum@gmail.com

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Pro Se 7 (Rev. 12/16) Complaint for Employment Discrimination

Defendant No. 1

Name	Wellpath Recovery Solutions, LLC
Job or Title <i>(if known)</i>	
Street Address	7901 Farrow Road
City and County	Columbia - Richland County
State and Zip Code	SC 29203
Telephone Number	
E-mail Address <i>(if known)</i>	

Defendant No. 2

Name	
Job or Title <i>(if known)</i>	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address <i>(if known)</i>	

Defendant No. 3

Name	
Job or Title <i>(if known)</i>	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address <i>(if known)</i>	

Defendant No. 4

Name	
Job or Title <i>(if known)</i>	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address <i>(if known)</i>	

C. Place of Employment

The address at which I sought employment or was employed by the defendant(s) is

Name	Wellpath Recovery Solutions, LLC
Street Address	7901 Farrow Road
City and County	Columbia - Richland County
State and Zip Code	SC 29203
Telephone Number	

II. Basis for Jurisdiction

This action is brought for discrimination in employment pursuant to *(check all that apply)*:

☐ Title VII of the Civil Rights Act of 1964, as codified, 42 U.S.C. §§ 2000e to 2000e-17 (race, color, gender, religion, national origin).

(Note: In order to bring suit in federal district court under Title VII, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)

☐ Age Discrimination in Employment Act of 1967, as codified, 29 U.S.C. §§ 621 to 634.

(Note: In order to bring suit in federal district court under the Age Discrimination in Employment Act, you must first file a charge with the Equal Employment Opportunity Commission.)

☐ Americans with Disabilities Act of 1990, as codified, 42 U.S.C. §§ 12112 to 12117.

(Note: In order to bring suit in federal district court under the Americans with Disabilities Act, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)

☒ Other federal law *(specify the federal law)*:

Family and Medical Leave Act of 1993, 29 U.S.C. 2601

☐ Relevant state law *(specify, if known)*:

☐ Relevant city or county law *(specify, if known)*:

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. The discriminatory conduct of which I complain in this action includes *(check all that apply)*:

- ☐ Failure to hire me.
- ☒ Termination of my employment.
- ☐ Failure to promote me.
- ☐ Failure to accommodate my disability.
- ☐ Unequal terms and conditions of my employment.
- ☐ Retaliation.
- ☒ Other acts *(specify)*: Interference with FMLA Rights

(Note: Only those grounds raised in the charge filed with the Equal Employment Opportunity Commission can be considered by the federal district court under the federal employment discrimination statutes.)

B. It is my best recollection that the alleged discriminatory acts occurred on date(s)
2/24/2022

C. I believe that defendant(s) *(check one)*:

- ☐ is/are still committing these acts against me.
- ☒ is/are not still committing these acts against me.

D. Defendant(s) discriminated against me based on my *(check all that apply and explain)*:

- ☐ race _____
- ☐ color _____
- ☐ gender/sex _____
- ☐ religion _____
- ☐ national origin _____
- ☐ age *(year of birth)* _____ *(only when asserting a claim of age discrimination.)*
- ☒ disability or perceived disability *(specify disability)*
FMLA Interference

E. The facts of my case are as follows. Attach additional pages if needed.

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See Attachment.

(Note: As additional support for the facts of your claim, you may attach to this complaint a copy of your charge filed with the Equal Employment Opportunity Commission, or the charge filed with the relevant state or city human rights division.)

IV. Exhaustion of Federal Administrative Remedies

- A. It is my best recollection that I filed a charge with the Equal Employment Opportunity Commission or my Equal Employment Opportunity counselor regarding the defendant's alleged discriminatory conduct on (date)

N/A, FMLA Claim

-
- B. The Equal Employment Opportunity Commission (check one):

☐

has not issued a Notice of Right to Sue letter.

☐

issued a Notice of Right to Sue letter, which I received on (date) _____.

(Note: Attach a copy of the Notice of Right to Sue letter from the Equal Employment Opportunity Commission to this complaint.)

- C. Only litigants alleging age discrimination must answer this question.

Since filing my charge of age discrimination with the Equal Employment Opportunity Commission regarding the defendant's alleged discriminatory conduct (check one):

☐

60 days or more have elapsed.

☐

less than 60 days have elapsed.

V. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

Pro Se 7 (Rev. 12/16) Complaint for Employment Discrimination

All remedies available to me at law, including lost wages, liquidated damages, reinstatement, attorney fees, and court costs, and any other relief this Court deems proper and just.

 2.20.24

VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 02/20/2024

Signature of Plaintiff

Printed Name of Plaintiff

Karen Moody

B. For Attorneys

Date of signing: _____

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Street Address

State and Zip Code

Telephone Number

E-mail Address

ATTACHMENT

I was employed by Wellpath, most recently as a Nurse Educator,¹ from September 2018, until I was informed of my termination on February 24, 2022. During all times relevant to my claims, I reported to Ms. Patricia Griffith, Director of Nursing. Prior to the events in question, I had a positive history with the company, having received no disciplinary actions or other indication of poor performance.

On or about January 12, 2022, I requested leave pursuant to the Family and Medical Leave Act ("FMLA") to care for my mother, who was dying from congestive heart failure. I requested leave through February 25, 2022. My leave was approved by telephone. Before I began my FMLA leave, I provided Ms. Pamela Lightfoot, Human Resources Manager, and Ms. Patricia Griffith with a change of address, as I was temporarily moving to my mother's house to care for her. I provided the notice of change of address to both in person. There was no official form to be used; I provided the new address on a sheet of paper.

I began my period of FMLA on January 26, 2022. On February 23, 2022, I contacted the company hotline to request an extension of my FMLA leave through March of 2022. The extension was approved on the hotline phone call.

On or about March 1, 2022, I attempted to use my employer-sponsored medical benefits and was informed by my pharmacy that I no longer had medical coverage. I thereafter contacted the company. Through Ms. Lightfoot I was informed that my employment had been terminated effective February 24, 2022, based on an alleged failure to return from leave. I have since been informed that the company sent multiple notices to my old address requesting additional information, but I did not receive those notices because I had changed addresses. I also believe company policy is to inform an employee of a need for medical information by phone and email as well as by letter, but I never received any phone calls or emails from the company requesting information. Further, the company hotline agreed to extend my FMLA leave on the telephone call I placed with them.

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¹ I started with the company as a Nurse and thereafter received several promotions, until ultimately being promoted to a Nurse Educator.